

Christ Episcopal Church Pre-Marriage Information Sheet

Couple's Name _____ License # _____ Date of Wedding _____

Groom's Information

Name _____

Address _____

City _____

State _____ Zip Code _____

Home # _____ Work# _____

Cell# _____ Email _____

Date of Birth _____

Place of Birth _____

Occupation _____

Religion/Faith Comm. _____

Place of Baptism:

Church _____

City _____ Zip Code _____

Parent Information:

Father's Name _____

Father's Address _____

City _____ State _____ Zip _____

Mother's Name _____

Mother's Address _____

City _____ State _____ Zip _____

Relationship History:

Have you ever been married before? Circle *Yes* or *No*

If yes, when & where: _____

Are you related to your future wife? Circle *Yes* or *No*

Bride's Information

Name _____

Address _____

City _____

State _____ Zip Code _____

Home # _____ Work# _____

Cell# _____ Email _____

Date of Birth _____

Place of Birth _____

Occupation _____

Religion/Faith Comm. _____

Place of Baptism:

Church _____

City _____ Zip Code _____

Parent Information:

Father's Name _____

Father's Address _____

City _____ State _____ Zip _____

Mother's Name _____

Mother's Address _____

City _____ State _____ Zip _____

Relationship History:

Have you ever been married before? Circle *Yes* or *No*

If yes, when & where: _____

Are you related to your future husband? Circle *Yes* or *No*

Wedding Information:

Date of Wedding _____ Time _____ Place of Wedding Ceremony _____

City _____ State _____ Zip Code _____

Rehearsal Date _____ Time _____ Place of Rehearsal _____

License Number _____

Issued by(City, County, State) _____ Date issued _____

First Witness _____

Second Witness _____

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